

**Social  
Democrats**

# **A Health Service: As you need it, when you need it**

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*Public Services we can be proud of*

***SocDems are Good  
for your Health***

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## Introduction

One of the most basic functions of a republic is to put in place the necessary services to keep people well and treat them when they are sick. As Irish citizens, it's not too much to expect decent healthcare. Yet the sad reality is that we just can't depend on our public health service. It has been broken for quite some time.

Our health service is not set up to best meet the needs of Irish people. The system is far too dependent on hospitals and much of the care that could take place in local health centres happens in hospitals where it is more expensive and waits are longer. The different parts of the system don't work well together and this creates huge gaps and inefficiencies. And there is too little accountability for managers, senior medics, and ministers.

## Developing Sláintecare

The old excuse was that there was no plan. That excuse no longer stands up. The Sláintecare report was agreed by an all-party committee and launched in May 2017, based on proposals from the Social Democrats, for the development of a national public health service, available to everyone.

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The Social Democrats are proud to have led the way to agreement between all the political parties on the way forward for our health services. This means that, for the first time, a change of government shouldn't mean chopping and changing the vision and direction for the health service, allowing for long term strategic planning for health needs.

Sláintecare sets out a road-map to move from a crisis-driven approach to one that focuses instead on community care, prevention, and equal access for all.

Sláintecare will mean:

- Free health services in our communities.
- Quicker access to public hospitals.
- Community care teams for older people and those with mental health and addiction needs.
- Diagnostics like x-rays and scans provided locally.
- Thousands more healthcare workers including doctors, nurses, and therapists.
- An increase in hospital bed capacity and an end to the trolley crisis.

It will turn our healthcare system around. When Sláintecare is implemented, we will finally have a health system that is comparable to other European countries, based on need and not on ability to pay.

## Implementing Sláintecare

However, follow-through from government has been much too slow. No ring-fenced budget has been set aside and only a small number of reforms envisaged by Sláintecare have been delivered so far. The Minister for Health hasn't made the necessary budget available and has indicated that funding for Sláintecare will only be decided on a year-to-year basis. The pace of change since Sláintecare was agreed is disappointing. We need more than lip service to change, we need action, with deadlines and resourcing.

And while this foot-dragging goes on, there are record waiting lists – now in excess of a million people – and the trolley crisis continues. The evidence for the failure of the current system is overwhelming; full commitment to implementing Sláintecare is the way to finally fix things and bring about the long overdue change we need.

### Fully commit to funding Sláintecare

Delivery of the Sláintecare reform programme is the Social Democrats' primary health policy. Unlike other parties, the Social Democrats have shown total commitment to the plan and factored it into budget planning. Fully-funded implementation would be an absolute red line for any potential discussions on coalition after the election.

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If we continue with the current disorganised approach to the health service, costs will escalate beyond the capacity of the State to deal with them; waiting lists will become even longer; and Irish people will become more and more dependent on an expensive private sector to deliver care.

The implementation of Sláintecare will mean that patients will be seen quicker, that **everyone will be treated according to their need and not their ability to pay**, and health problems will be prevented rather than allowed to fester at greater cost to patients and the tax-payer in the long-run.

There really is no option but to reform.

Sláintecare is ambitious and will take real courage and determination to be seen through. It will cost approximately an additional billion euro each year for the next five years and an additional half a billion euro in the following four years. This will fund improvements in hospital bed capacity, in preventative care, in hundreds of new primary care staff, in services for children and people with disabilities, and in significant improvements in e-health, community diagnostics and additional primary care centres. The investment required will pay significant dividends over the long term.

## Specific actions within Sláintecare

The Social Democrats' priorities for action are:

### ➤ A lower cost, more effective model of care:

- **Abolition of Home Care waiting lists** through investment in providing home care packages and step down facilities. This is a vital aspect of ensuring patients' needs are met and maximising hospital efficiency. At any given time there are around 700 people in hospital who are ready to be discharged if the necessary home care support was available. A further 6,000 people have been approved for home care packages but they are not currently being provided access to those services.
- **Expanding diagnostic services**, such as x-rays, in local Primary Care Centres to make services more accessible to patients and cheaper to provide.
- Investment in **Primary Care Centres** and **Urgent Care Centres** with diagnostic facilities.
- The phased extension of **free GP Care** including a new GP contract and the recruitment of salaried GPs by the health service.
- Additional funding for **dementia and Alzheimer's services** and for **palliative care**.
- Improvements in a range of **supports for people with disabilities** including extra personal assistant hours and an assistive technology passport plus set aside funding to allow for the full monitoring of the United Nations Convention on the Rights of People with Disabilities.
- Investment in **neurological services**.

### ➤ Providing health services that prevent illness and intervene early when symptoms emerge:

- Roll-out of **chronic care programmes** such as for asthma and arthritis.
- Additional funding for **mental health** including counselling, community programmes, and adult mental health teams.
- Extra funding for **addiction and dual diagnosis services** beginning with the restoration of Drug and Alcohol Task Force funding to pre-austerity levels, creating an emerging needs fund, and dealing with the developing crack cocaine epidemic.
- Improved funding for **housing adaptation grants**.

- Better resourcing of **maternity services**, and a full sexual health strategy including an expansion of **free contraceptives, abortion services and a period poverty initiative**.
- **Building capacity in Primary Care:**
  - Continued investment in **new primary care staff**, including public health nurses, speech and language therapists, physiotherapists, general nursing, dieticians, occupational therapists, GPs, Child and Adolescent Mental Health services, psychology services, neurological services, and case managers for acquired brain injury.
  - Political commitment to a long term vision for the health service provided
- **Other reform measures:**
  - Reducing the **cost of medication** to the health service through reform measures.
  - Recruitment of **extra psychologists** for the National Educational Psychology Service.
  - by Sláintecare will give confidence to health professionals at home and abroad and improve recruitment and retention.
  - Greater resources for **community eye-care** based on the recommendations of the Primary Care Eye Services Review Group report.
  - Improvements in **dental care**
  - Reducing **prescription charges** for patients.

*Please see our other General Election documents on children and families, mental health and disability for further proposals on Health and Social Care.*





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